

## CHAPTER 4

### I. SELF ASSESSED PERFORMANCE OF CORE PUBLIC HEALTH FUNCTION KEY ACTIVITIES BY LOCAL PUBLIC HEALTH AGENCIES

Defining Public Health for Missouri II describes 14 principal elements in the performance of core public health functions. These 14 principal elements are divided into 46 key activities that further define activities and responsibilities of local public health agencies.

A summary of the results of the Infrastructure Capacity Assessment Survey, a self-assessment of performance by each local public health agency, shows that most of the 46 key activities are being performed at some level by a majority of agencies. In 2001, only 8 key activities were reportedly performed by every agency. For 2002, every agency reports performing the following 13 key activities: (The list includes 8 new activities in 2002 that are indicated by \*. Three activities, analyzing community needs, identifying community and agency resources, and achieving compliance with appropriate laws and regulations related to public health protection are removed from the list since 2001.)

- Develop and maintain systems for collecting vital records, community and demographic data that characterize the health of the population, conditions that affect health, and the health system
- \*Report results of analysis to appropriate audiences
- Respond to requests for information
- \*Review policy within the existing legal scope of authority
- \*Translate adopted policy into operating program procedure
- \*Involve and educate affected parties and communities
- Maintain expertise adequate to carry out local and state health protection activities
- \*Respond to emergencies, develop and implement local response plans
- Conduct disease surveillance and control activities in accordance with laws, regulations and guidelines
- Promote public and professional awareness of potential and real disease threats and other health conditions
- \*Assure communities have information, resources and strategies they need to protect residents health
- \*Assure access to culturally appropriate and current information to make decisions about health care options
- \*Collaborate with the community and health care providers to reduce barriers to access to health care and preventive services.

Following is a list of 9 key activities that are reportedly performed “very well” or “cutting edge” by more than 50% of agencies: (The list includes 1 new activity in 2002 indicated by \*. Three activities, identifying community and agency resources, assuring communities have information, resources, and strategies to protect health, and collaborating with the community and health care providers to reduce barriers to accessing health care and preventive services are removed from the list since 2001.)

- \*Develop and maintain systems for collecting vital records, community and demographic data that characterize the health of the population, conditions that affect health, and the health system
- Develop and maintain disease surveillance system and conduct active surveillance for specific diseases and health conditions
- Respond to requests for information
- Achieve compliance with appropriate laws and regulations related to public health protection activities and licensure or certification of providers and facilities
- Maintain expertise adequate to carry out local and state health protection activities
- Respond to emergencies through collaboration with communities in developing and implementing local emergency response plans, for natural and manmade disasters, including the mobilization of resources
- Conduct disease surveillance and control activities in accordance with laws, regulations and guidelines
- Promote public and professional awareness of potential and real disease threats and other health conditions
- Assure that prevention and intervention efforts for communicable diseases and other preventable conditions are being appropriately implemented

## Summary of Performance of 14 Principal Elements

### **1) Collecting Health Related Data**

Of the 6 activities, 2 are reportedly performed at okay or better by more than 88% of agencies. A majority of agencies (52%) reported maintaining systems to collect vital records and health status data, and doing disease surveillance very well or better. Weaknesses are in assessment activities related to risk factors, developing standards and methods for collecting data, and assessing health care delivery systems. Eighty-three percent of agencies (83%) report performing okay or better at assessing barriers to health care access. (See Graphs 13.A. thru 13.F. and Data Tables 13.A. thru 13.F.)

### **2) Analyzing Health Data**

Of the 4 activities, 3 are reportedly performed at okay or better by 86% to 88% of agencies. Weaker performance is reported in drawing inference from data with 79% doing okay or better. (See Graphs 14.A. thru 14.D. and Data Tables 14.A. thru 14.D.)

### **3) Disseminating Health Status and Resources Information**

Of the 2 activities, 90% of agencies feel they are doing okay or better at reporting results of data analysis to appropriate audiences, while 96% are reported to be doing okay or better at responding to requests for information. (See Graphs 15.A. & 15.B. and Data Tables 15.A. & 15.B.)

### **4) Managing Health Related Data**

Of the 2 activities, 88% of agencies feel they are improving the quality, use of and access to data. Developing and maintaining a data system infrastructure is rated somewhat lower with 83% of agencies doing okay or better. (See Graphs 16.A. & 16.B. and Data Tables 16.A. & 16.B.)

### **5) Planning for Healthy Communities**

The range of performance for each of the 4 activities is from 74% to 83% of agencies doing okay or better for the 4 activities. Eighty-three percent (83%) reported doing okay or better in leading communities in a process to set priorities. Identifying costs and effects of proposed strategies is the weakest and reportedly is being done okay or better by 74% of agencies. (See Graphs 17.A. thru 17.D. and Data Tables 17.A. thru 17.D.)

### **6) Formulating and Analyzing Health Policy**

Two of the 4 activities are reportedly performed okay or better by 85% to 91% of agencies. Identifying community and agency resources is being performed very well or better by 48% of agencies and okay by an additional 43%. Identifying costs and effects of policy is being done okay or better by 76% of agencies. (See Graphs 18.A. thru 18.D. and Data Tables 18.A. thru 18.D.)

### **7) Establishing Legal Authority**

Each of the two activities, identifying legal authority to enforce policy and promoting legislation and regulation, is being performed okay or better by 78% of agencies. (See Graphs 19.A. & 19.B. and Data Tables 19.A. & 19.B.)

### **8) Implementing Public Health Policy**

Both activities, translating policy into operating procedure and educating affected parties, are performed okay or better by more than 80% of agencies. (See Graphs 20.A. & 20.B. and Data Tables 20.A. & 20.B.)

### **9) Evaluating Effectiveness of Policy Decisions**

Timely assessment of policy is reportedly performed okay or better by 77% of agencies, and 81% of agencies identify and communicate needed change in policy on a regular basis. (See Graphs 21.A. & 21.B. and Data Tables 21.A. & 21.B.)

### **10) Protecting the Health of Missouri Citizens**

Local agencies are very strong in the assurance function of protection. Each of the activities, achieving compliance with laws and regulation, assuring competence of unlicensed individuals whose activity can affect health of the public, maintaining expertise of staff, and responding to emergencies are reported to be performed okay or better by 87% to 94% of agencies. (See Graphs 22.A. thru 22.D. and Data Tables 22.A. thru 22.D.)

### **11) Preventing the Occurrence of Disease in Missouri**

Disease control activities, promoting awareness of potential disease threats, and assuring prevention efforts for preventable conditions are reported to be performed at okay or above by 90% to 98% of agencies. The weakest activity is assuring needed laboratory capacity for public health purposes, which is reportedly performed okay or better by 71% of agencies. (See Graphs 23.A. thru 23.D. and Data Tables 23.A. thru 23.D.)

### **12) Promoting Health in the Community**

Assuring communities have information, resources, strategies to protect health and assuring access to culturally appropriate information about health care options is reportedly being done okay or better by 86% to 89% of agencies. (See Graphs 24.A. & 24.B. and Data Tables 24.A. & 24.B.)

### **13) Assuring Quality Standards for Public Health Services**

Assurance that population based care is provided according to established standards is reported to be done okay or better by 87% of agencies. Eighty percent (80%) of agencies report doing okay or better in assurance of access to training and professional education for providers. (See Graphs 25.A. & 25.B. and Data Tables 25.A. & 25.B.)

### **14) Assisting Missourians to Access Health Care**

Three of the six activities, assurance of access to personal health services, collaboration to reduce barriers, and assuring that infrastructure supports reduction of barriers are reportedly performed okay or better by 82% to 87% of agencies. Weaker performance is reported in assuring an adequate supply of providers, access to outreach services, and coordination of services. These assurance activities are reported to be performed okay or better by 70% to 78% of agencies. (See Graphs 26.A. thru 26.F. and Data Tables 26.A. thru 26.F.)

### **Key Activities in Core Public Health Functions Contract**

Of the 15 key activities in the Core Public Health Functions Contract, 7 are reported to be performed very well or cutting edge by 50% or more of agencies. However, one or more agencies report not doing 8 of the 15 contracted activities. Although contract monitors considered these deliverables to be met for the fiscal year 2002 contract, survey results suggest that some agencies do not perceive that their performance is effective in meeting contract expectations.

The strongest performance of contracted key activities is in maintaining expertise to carry out health protection activities, which is reportedly performed very well or better by 61% of agencies, and conducting disease surveillance and control activities, performed very well or better by 71% of agencies.

Agencies report their weakest performance of contracted key activities in determining health status, and identifying and assessing trends. Only 26% to 28% of agencies reportedly are performing very well or better in these 2 activities.

### **Key Activities Required for Primary Accreditation**

Of the 25 key activities required by the Primary Accreditation Model as it is drafted, 10 are reported to be performed very well or cutting edge by 50% or more of agencies. All except 1 of the 25 key activities is performed okay or better by at least 70% of agencies. Twelve of the 25 key activities are being done to some extent by every agency.

### **Comparison of Self Reported Performance Between 2001 and 2002**

A total possible score for an agency is 230 if a value of 5 is assigned to a self-rating of “cutting edge” for each of the 46 key activities. The average individual agency score in 2001 was 149 (63.4%). The average individual agency score declined slightly to 146 (63.5%) in 2002. Although the average agency score did not change significantly, some agencies’ scores fluctuated dramatically either higher or lower. It is unlikely that actual performance by an agency would change so dramatically from one year to the next. This may indicate that perceived level of performance is not a reliable method to measure actual local public health agency capacity.

*For 33 of the 46 (72%) of the key activities, “okay” was the most frequently selected level of performance.*